



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application	)	<u>PATENT APPLICATION</u>
	)	
Inventor: Hem P. Takiar	)	
	)	
Application No.: 10/621,882	)	
	)	
Filed: July 17, 2003	)	
	)	
Title: PERIPHERAL CARD WITH	)	
HIDDEN TEST PINS	)	<u>Customer No. 28554</u>
	)	

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8**

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Burt Magen, Reg. No. 37,175  
Signature Date: December 19, 2003

**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the following Preliminary Amendment be entered.

AMENDMENTS TO THE SPECIFICATION begin on Page 2 of this RESPONSE.

REMARKS begin on Page 3 of this RESPONSE.



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/621,882
	Filing Date	July 17, 2003
	First Named Inventor	Takiar
	Art Unit	2812
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	SAND-01004US0

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
<div>Remarks</div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Burt Magen, Viera Magen Marcus Harmon & DeNiro LLP
Signature	
Date	December 19, 2003

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Signature		Date	12/19/2003

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